

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: LIGHT REGULATION DEVICE  
Attorney Docket Number:: 04P03105  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: WOLFGANG  
Middle Name::  
Family Name:: LANGGÄßNER  
City of Residence:: BAD AIBLING  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing FRANZ-XAVER-GRAF-STR. 9  
Address::  
City of Mailing Address:: BAD AIBLING  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 83043

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: AXEL  
Middle Name::  
Family Name:: PILZ  
City of Residence:: NEUENSTEIN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing OBERE GARTENSTR. 25  
Address::  
City of Mailing Address:: NEUENSTEIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 74632

**Correspondence Information**

Correspondence Customer Number:: 24,252  
Name:: OSRAM SYLVANIA  
Street of Mailing Address:: 100 Endicott Street  
City of Mailing Address:: Danvers  
State or Province of Mailing Address:: Massachusetts  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 01923  
Phone Number:: 978-777-1900  
Fax Number::  
E-Mail Address::

**Representative Information**

Representative Customer Number::	24,252
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2005/000572	3/31/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10 2004 018 912.9	4/15/04	Yes

**Assignment Information**

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT  
FUR ELEKTRISCHE GLUHLAMPEN MBH

Street of Mailing Address:: HELLABRUNNER STR. 1

City of Mailing Address:: MUNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543